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Reply to the Memorandum of Queen's University  
Senate Regarding the Six Years' Course in  
Medicine.

February 9th, 1917.



## REPLY TO THE MEMORANDUM OF QUEEN'S UNIVERSITY SENATE REGARDING THE SIX YEARS' COURSE IN MEDICINE.

The memorandum dealing with the six years' course in Medicine dated December 1916 and approved by the Senate of Queen's University has been widely distributed. In this memorandum strong opposition is taken to the action of the Universities of Toronto and McGill in announcing that in 1918 a six year academic curriculum will be instituted for those who enter upon a medical course.

The Senate complains against this proposed course on the ground that no opportunity has been afforded any of the seven other Canadian Universities engaged in teaching medicine to examine or discuss the proposal, and that the information before the Queen's Medical Faculty has been received through letters of inquiry to the Deans of the Medical Faculties of Toronto and McGill Universities.

In reply it is to be stated: (1) It is true that the proposal has been under long consideration by the Faculties of Medicine of the Universities of Toronto and McGill, but at the Conference of the Universities of the Dominion held in Toronto in May 1915 a Committee on Medical Education was appointed to report to the next Conference. Dean Clarke of Toronto as convener of this committee wrote to the various Universities in January 1916, submitting proposals with regard to the establishment of a course of six years in Medicine. On the basis of answers received "Dean Clarke presented the report of the Committee on Medical Education, concluding with the recommendation that the Conference express its approval of the adoption by Canadian Medical Schools of a six years' medical course as a minimum, and that the Committee be continued for the purpose of drafting a tentative course of study. This recommendation was unanimously approved. It was also resolved to transmit the above resolution to the several Provincial Medical Boards throughout the Dominion."<sup>1</sup>

<sup>1</sup> "Third Conference of Canadian Universities", May 1916, page 4.

Dean Connell, one of the representatives of Queen's University, was present at the Conference of Universities last May when this report was discussed. The motion was unanimously adopted. Of the other Universities, the Province teaching Medicine, the Western signified its agreement with the proposal of Toronto and McGill to extend the course. It is added further that on its own initiative the University of Manitoba announced in May 1916 that it would introduce a six years' course.

"All students desiring to enter upon a course in Medicine must pass a Junior and a Senior Matriculation examination. For the present, only the subjects of the Junior Matriculation examination for Medicine are taught in the high schools, collegiate institutes and preparatory schools. Instruction in the subjects of Senior Matriculation for Medicine is given in the University and its affiliated colleges."

"The subjects of the Senior Matriculation Examination for Medicine are: English, Mathematics, Physics, Chemistry, Botany, Zoology, and one of Latin, German, French."

"After having matriculated, the student of Medicine is required to pass five examinations before being admitted to the degree of Doctor of Medicine, viz., the First, the Second, the Third, the Fourth and the Fifth Year Examinations."<sup>1</sup>

It is evident, therefore, that the objections taken to the action of Toronto and McGill by Queen's University as being "apparently without reference in any way to others equally interested in medical education in Canada" are without substantial basis.

The memorandum proceeds, "So far as can be learned two reasons are advanced for the change. First, that more time is required for the preliminary sciences which lead to the study of Medicine, and second, that the change will bring the Medical Course for these Universities in agreement with that recently adopted by the best Universities in the United States". The Medical Faculty of Queen's University does not accept "the first as correct, or the second as proper and desirable".

With regard to the first alleged reason it is to be said that the Universities of Toronto and McGill were not induced to lengthen

<sup>1</sup> *University of Manitoba Calendar, 1916-17*, pp. 31, 32, 106.

the course by reason of the requirement of more time for the preliminary sciences. The pressure came altogether from the necessity of more time for the subjects of the later years. The teachers in the clinical departments have for long been urging that the two and a half years now devoted to the subjects are insufficient for the requirements of modern medicine. Students must be given more practical knowledge and more scientific training in the clinical departments than they have hitherto received. In Toronto this is made the easier because of the great advance in clinical facilities afforded by the Hospitals in recent years. As a result of the new course instead of two and a half years being devoted to preliminary scientific subjects and two and a half years to the clinical subjects, there will be three years devoted to the preliminary subjects and three years to the clinical subjects. The advantage, however, which will accrue to the teaching of the preliminary scientific subjects by this change will be that the same subjects with little increase in amount will be taught in three instead of two and a half years. The two and a half years were barely sufficient and the student was overworked. He will now have time to digest his work much better than in the old course. In this sense the longer period is advantageous, but this alone would not have led to the extension of the course immediately.

With regard to the second alleged reason, the new medical course it is true will be in closer agreement as to length of time and subjects with that adopted by the best Universities in the United States, but these Universities of the United States are only in line with the best British and Continental practice in this respect. In proof of this reference may be made to the Educational Number of the "British Medical Journal" of September 9th, 1910. On page 348 the normal course of study for medical students in Britain is outlined as follows:

"Whatever the precise final goal, the path thereto is in all cases identical in broad outline. Practically it is divided into three stages, the conclusion of each being marked by an appropriate examination. In the first stage the student acquires a more or less extensive knowledge of the preliminary sciences—chemistry, physics and biology; in the second he studies anatomy and physiology; and the third he devotes to the real work of his future life—medicine and surgery and their branches. During each of these stages the student must attend not less than the prescribed number

of lectures and classes to ensure getting "signed up" in the subjects of the stage, and also do a very considerable amount of practical work. As for the examinations at the end of the stages, these are known by different titles by different examining bodies, but "preliminary science", "intermediate", and "final" are in common use. Some bodies demand that the student should pass in all the subjects of one stage at one time; others allow the candidate to present himself in each of the subjects separately, thus multiplying the actual number of examinations, but limiting their scope. There are also differences in the requirements of the different licensing bodies as to the length of each stage, but practically all demand that the second shall be longer than the first, and the third not shorter than the second. By the length of the allotted stage the candidate may gauge the comparative importance the licensing body attaches to the subjects within the stage and the difficulty of the tests it will impose, and he may feel certain that the time allotted is none too much."

"In any case it should be the aim of the student to get through his first two stages as quickly as his abilities and the regulations will allow; and, as a rule, he should have completed the first stage by the end of his first year, and may hope to complete the second stage not later than the end of his third year. He will then have two years in which to prepare for his final examination, and it will prove a very crowded period, for he has to get into it not only medicine, surgery, and midwifery proper, but many other allied subjects, such as pathology and bacteriology, forensic medicine, gynaecology and therapeutics."

It is to be observed that three years are outlined as being practically necessary to complete the first two stages of the medical course including Chemistry, Physics, Biology, Anatomy and Physiology. This is precisely the length of time which is to be allotted in the new course adopted by Toronto and McGill for the same subjects. In Britain only two years of the prescribed five years' course are left for all the practical subjects, but it is admitted that two years are insufficient, and it is stated on pages 345 and 348 of the "British Medical Journal" above quoted that the vast majority of students take a very much longer period than the statutory five years to complete their course. That is to say the vast majority of medical students in Britain have found it necessary in recent years to take a course of at least six years covering



in its different stages the same subjects as are proposed for the new medical course adopted by Toronto and McQueen. There is therefore no ground for the statement of the Queen's University that the adoption of this course is simply bringing us into line with the Universities of the United States.

The memorandum proceeds to state that the proposed pre-medical year cannot be done to advantage at any high school, collegiate institute or secondary school in Canada; that it will therefore be necessary that the work should be taken in the Universities. They ask Why not raise the standard in such a way as would harmonise with the present work of the secondary schools, since "the proposals as they stand do not appear to be practical or applicable to present conditions".

In reply it may be stated that the University of Toronto recognises that at the present time it is impossible for any of the collegiate institutes or secondary schools to undertake the instruction proposed for the new course. The university has provided these courses hitherto and will develop them in any way necessary to meet the changed conditions, but it is hoped that before long collegiate institutes will so improve their equipment and enlarge their staff in the science departments as to make it possible to have the work done in some at least of the best schools of the Province. The university would welcome such a development and it believes that its present course will stimulate the schools in this direction.

The memorandum further takes objection to a proposal made by the Faculty of Medicine with regard to the basis on which the degree of Bachelor of Science in the new course may be instituted. In reply it is to be remarked that the outline as set forth in the Queen's memorandum is so far only a proposal of the Faculty of Medicine and has not been adopted by the Senate of the University of Toronto. In this University the B.Sc. degree has not been given hitherto. There is therefore no common policy of the Universities with regard to it. The argument has very little weight, because the B.A. degree of the University of Toronto with honours requires a longer period of study than does the same degree of Queen's University, and it is to be expected that if the B.Sc. degree is instituted it will not be unworthy of the other degrees of this University.

A number of general objections to the proposal follow, most of



which, however, have been met by what has been stated already with regard to the present practice in Britain and the other leading countries of the world. But it may be added in reply to (2) that in the judgment of this University the statement that "six years' academic work to acquire the M.D. degree will tend to force graduates into practice at once without serving as hospital internes" will not be borne out by the facts. Already practically every student has had the opportunity to gain hospital experience as an interne, and it is certain that graduates will still seek such positions. One chief purpose of the change is to increase the hospital experience under direct clinical instruction.

In (3) it is stated that the proposal comes at a time when there is an unusual demand for the services of medical men and when the Governments of Great Britain and Canada are asking that everything possible be done to hasten the graduation of medical students now in attendance at the schools in order that their services may become available for military and civil needs.

To meet the necessities of the war the Faculty of Medicine of this University at the request of the Department of Militia held a special session last summer and autumn to qualify the students of the fifth year for commissions in the A.M.C. at the close of 1916. So far no further request has been sent from the military authorities for similar action during the forthcoming summer.

It is also stated that the needs of Canada after the war will be such that the supply of men will probably be insufficient. The obvious answer to these objections is that inasmuch as the course will not begin to come into effect until 1918 there will be a supply of students in the old five years' course until the end of 1922. There will therefore be a period of six years for any necessary readjustment. It may be further stated that of recent years the medical schools of the Province of Ontario have been providing more graduates in Medicine than the Province itself could absorb, and that if it had not been for the Western Provinces there would have been long ago a congestion in the practice of Medicine in Ontario. These new Provinces, however, are developing rapidly. As has been already stated the University of Manitoba has increased the length of its term to six years, and there is no reason to suppose that for a few years after the close of the war there will be any greater dearth of medical men in the West than there has been in the past.

The fourth objection has been already answered by the demonstration that the action of these universities is in line with the practice in Britain as well as with that of the highest education in the United States. But it may be further remarked that leading authorities outside of the United States admit that there is no country in the world to-day in which greater advances have been made in medical education in recent years than in the United States.

The final objection deals with the financial aspect of the extension of the course. It may be admitted at once that it is a matter of great regret that the course of medicine involves such expense for the student. But this is one of the necessary concomitants of the development of professional education. Moreover, the student must be afforded the opportunity in his own country of procuring the best education so that he will not find it necessary to study elsewhere and perhaps be a loss to Canada.

It is to be remarked, however, that the expense of medical education in the University of Toronto is less than in Britain and in the leading schools of the United States. In all probability the Governors of the University will impose a smaller fee for the pre-medical year than for the regular years in medicine; possibly \$100 for the first year and \$150, including the Hospitals, for the succeeding years as at present.

The fees in the various medical schools and faculties of Great Britain charged for tuition alone range from £140 to £165 for the five years, and additional fees for examination and licensure bring the total amount on the average to not less than £190, or about \$950. The fees in Toronto for the new course may be expected to be \$100 for the first year, and \$150 for each of the five succeeding years, in all \$850. To this must be added the fee of \$100 for registration with the Ontario Medical Council, which this University deems to be unnecessarily large, but including this large fee the total amount will be about the same as is now required in England, though in the vast majority of cases this amount is exceeded. The fees in the best schools of the United States are much higher. The result of this is that the new course in the University of Toronto, which it is hoped will be in conformity with the best modern standards, will be provided at a lower cost on the average than at present is possible for most students who receive a similar grade of education in the leading countries of the world.

It must be remarked that the final appeal of this memorandum seems to be unworthy of the Senate of Queen's University. The statement is made "Twenty-five years ago the medical student paid for his education. All the schools were proprietary schools and none received aid from the Government of the Province. Now all are receiving annual grants from the Provincial Government, so that every taxpayer in the Province of Ontario contributes to the cost of medical education. Will the public and the Government calmly acquiesce in this proposed increase in time and money necessary to gain an entrance to the profession of Medicine?"

The people of Canada must be provided with the best possible grade of medical attendance. They will not be satisfied with less. They would justly condemn the leading Universities of the country were they to continue a curriculum which obviously was providing a lower standard of medical education than that which is received by the average student in Britain and by the best students in the United States. It is the interests of the public that are to be considered first in this matter, and it is the duty of the Provincial University to maintain the highest standards for those whom it educates to practise medicine in this Province. Whatever else issues from this war it is obvious that one result will be the demand for more thorough efficiency in all departments of life. No public service demands greater care than the health of the people, and therefore no development in scientific departments leading to an improvement in the average health of the community can be neglected. Such an argument as is here set forth comes strangely from a Medical Faculty that claims to be modern and scientific.

